

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15216

BIRTH NO.

REG. DIST. NO.

128

PRIMARY REG. DIST. NO.

2000

Registrar's No.

474

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, write RURAL and give town or township)

Springfield

c. LENGTH OF STAY (in this place)

48 days

d. FULL NAME OF HOSPITAL OR INSTITUTION

Handley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Greene

c. CITY OR TOWN

Springfield

d. Is Residence within limits of a city as incorporated town? Yes ☒ No ☐

f. STREET ADDRESS

369 E. Commercial Street

3. NAME OF DECEASED
(Type or Print)

a. (First)

FRITZ

b. (Middle)

c. (Last)

SWANSON

4. DATE OF DEATH

(Month)

(Day)

(Year)

May 28, 1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

31 Oct. 1873

9. AGE (In years last birthday)

81

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY

Woods Works

11. BIRTHPLACE (City and State or Foreign Country)

Marshfield, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Andrew Peter Swanson

13b. MOTHER'S MAIDEN NAME

Carolyn Carlson

14. NAME OF HUSBAND OR WIFE

Donna Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Marie Cadle, El Reno, Oklahoma

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Congenital heart failure

INTERVAL BETWEEN ONSET AND DEATH

2 yr

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

4341F

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Fracture of hip

2 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21c. (CITY, TOWN, OR TOWNSHIP)

Springfield

(COUNTY)

Greene

(STATE)

Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

April 10, 1955 A m.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Accidental fall

22. I hereby certify that I attended the deceased from 4/10, 1955, to 5/28, 1955, that I last saw the deceased alive on 5/28, 1955, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

31 May 1955

24c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

24d. LOCATION (City, town, or county)

Springfield, Missouri.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

6-1-55

Edith Williamson

Fred C. I. Lewis, Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Ralph H. Liem

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.